

Registration Form

Name: _____

Rank/Position: _____

Department: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Special Dietary Needs: _____

	<u>Cost</u>	<u>Total</u>
Conference Fee	\$225.00	_____
Guest Meals: <i>Opening Banquet</i>	\$50.00	_____
<i>Saturday Lunch</i>	\$30.00	_____
<i>Sunday Breakfast</i>	\$20.00	_____
Conference Embroidered Golf Shirt	\$40.00	_____
<i>Size</i> _____		

Total Amount Enclosed _____

Send check or money order only payable to:

Fairfax Co. Fire & Rescue Dept., Tax ID# 54-0787833

(Note: Equity Conf.)

Mail payment with this registration form to:

Fairfax County Fire and Rescue Department

Equity Conference Registration

4100 Chain Bridge Rd., 7th floor

Fairfax, Virginia 22030 Phone: 703-246-3941 Fax: 703-
273-1049

Website: www/fairfaxcounty.gov/fire

E-mail: equityconference@fairfaxcounty.gov